

Slides for Module 7

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(for a computer-based presentation)

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Slide 7-1

Notes

In this last module, we will talk about how you can get the Communities That Care facilitation process underway.

7-3



Slide 7-2

Module 7 goal

Identify the next steps the Process Facilitator will take to support the Communities That Care

Review the goal.





Objective

Slide 7-3

Participants will be able helping a community prother the Communities That (

Notes

Review the objective.



Slide 7-4

Notes

First-year time line Getting Started Organizing, Introducing, Involving

Let's review the first-year time line to make sure you're familiar with the steps we've gone over in this training.

Remember, these time frames are approximate—the actual time line will vary from community to community.

Review the slide.

During Phase One: Getting Started, community leaders use the Tools for Community Leaders guidebook to lay the foundation for the Communities That Care effort.

Phase Two: Organizing, Introducing, Involving features the Key Leader Orientation and the Community Board Orientation. These training events lead to the formation of the Key Leader Board, the Community Board and the work groups.

Phase Three: Developing a Community Profile includes the Community Assessment Training and the Community Resources Assessment Training. These events prepare board members to write the Community Assessment Report and the Resources Assessment Report.

In Phase Four: Creating a Community Action Plan, board members use the the Community Assessment Report and Resources Assessment Report to guide the development of a Community Action Plan.

During Phase Five: Implementing and Evaluating the Community Action Plan, Community Board members attend the Community Plan Implementation Training. The goal of this training is to ensure that the Community Board has the skills and resources necessary to implement the Community Action Plan and sustain the Communities That Care effort.

Understanding different comm



Slide 7-5

A Process Facilitator will r



Objective: Begin helping a community progress through the Communities That Care process.

It's important to remember that not all communities will need your help in the same way or at the same time. Some communities may need help early and often, while others may only need help at certain points. There are advantages and disadvantages to each of these situations.

Communities that need significant help may be experiencing a lot of different problems, such as with communication, securing community support or funding. These communities will require more time and effort to stay on track.

The advantage of this, however, is that the more you need to be involved, the better you'll understand the community's needs and actions. You'll also know most of the key participants involved in the process and will be able to establish better lines of communication.

Process Facilitators who do not receive requests for assistance from a community may be working with a community that is successfully making progress on its own. Although this may be the case, you also have to keep in mind that a community may be having difficulties but is not asking for help because they don't recognize that they have problems. A Process Facilitator who isn't being asked for help by a community should work proactively to determine:

- where the community is in the Communities That Care process and what actions the community has already taken
- how well the community is achieving the milestones and benchmarks for each phase of the Communities That Care system.

Regardless of which situation you're in with the communities you're working with, there are a number of steps you can take to prepare for when you are needed. In your Participant's Guide, you'll find an appendix that lists all the milestones and benchmarks as a checklist. You can use this checklist to keep track of which milestones and benchmarks a community has met and which are still outstanding.



Slide 7-6

Optional activit Process Facilitator p

Turn to the Process
 Facilitator Preparation
 Worksheet

Objective: Begin helping a community progress through the Communities That Care process.

The following activity can help give you a rough overview of where a community is in the Communities That Care process once you come aboard. This includes what the community has accomplished, what you'll need to do in order to catch up with the community's work, and any challenges facing the community.

Note to trainers: This activity is only meant to be done by participants who know the communities they will be working with and have knowledge about those communities. If they are not familiar with their communities, participants should work on this activity after the training.

Optional activity: Process Facilitator preparation

Time: 15 minutes

Instructions:

- Ask participants to turn to the Process Facilitator Preparation Worksheet in their Participant's Guides.
- Have participants answer the questions they are able to at this time.
 If they do not have certain information, they can save the worksheet until after the training to complete it then.



Process Facilitator Preparation Worksheet

CU	initiality fiame.
1.	Where is this community currently in the <i>Communities That Care</i> process? (Examples: finished with Phase One, already begun Phase Two, etc.)
2.	What work has been completed so far that I will need to collect to help me better understand the problems the community is having? (Example: the community readiness survey from <i>Tools for Community Leaders</i>)
3.	Who are the key people I will have to work with in order to help this community move forward? (Example: members of the Resources Assessment and Evaluation work group)
_	
4.	What will the next step for this community be? (Example: the community will be collecting archival data to complement the Communities That Care Youth Survey)
5.	How long will it take me to get up to speed on the community's progress and difficulties?



Slide 7-7

Optional activit Developing a time I

 Fill in future events and meetings that have been scheduled

Objective: Begin helping a community progress through the Communities That Care process.

This activity can help you plan for steps you may need to facilitate.

The time line should include key actions such as choosing a Champion or collecting Key Leader Consent Forms. Participants should also list and set dates for:

- upcoming training events, conferences and community events they are aware of
- other key Community Board activities that may require facilitation.

Note to trainers: Remind participants that some actions and events may require more research before they can be fully planned, and that this time line may require revision as the community moves forward.

Note to trainers: This activity is only meant to be done by participants who know the communities they will be working with and have knowledge about those communities. If they are not familiar with their communities, participants should work on this activity after the training.

Optional activity: Developing a time line

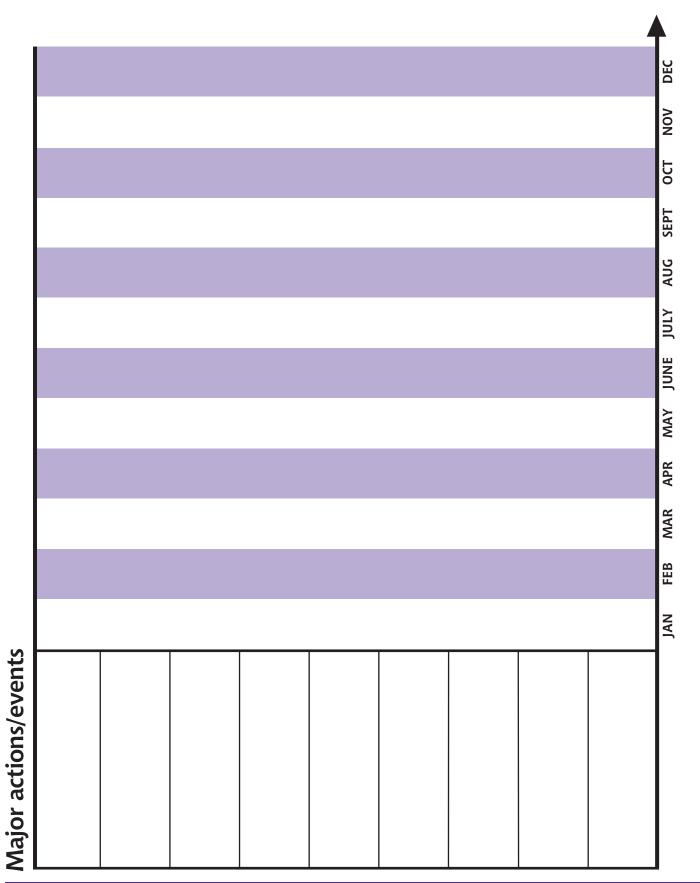
Time: 10 minutes

Instructions:

- Ask participants to fill in future training events and meetings that have been scheduled or will be scheduled in the near future. They should use the Process Facilitator Preparation Worksheet to determine what stage the communities are in, then fill in the specific next steps that will be taken.
- Next, have participants fill in the times when future events and meetings will take place.



Community Planning Time Line





Slide 7-8

Thought for the day

"Never doubt that a

Wrap-up

Thank participants for their hard work.

Ask participants to complete a Training Evaluation form. Remind participants that they can find a copy of the form in the pocket of the Participant's Guide.

Trainers: Please be sure to complete a Service Report for this training.

Appendix 1:

References

References

- Brook, J. S., Brook, D. W., Gordon, A. S., Whiteman, M., & Cohen, P. (1990). The psychosocial etiology of adolescent drug use: A family interactional approach. *Genetic, Social, and General Psychology Monographs, 116*(2), 111-267.
- Catalano, R. F., Arthur, M. W., Hawkins, J. D.,
 Berglund, L., & Olson, J. J. (1998).
 Comprehensive community- and schoolbased interventions to prevent antisocial
 behavior. In R. Loeber & D. P. Farrington
 (Eds.), Serious and violent juvenile offenders:
 Risk factors and successful interventions
 (pp. 248-283). Thousand Oaks, CA:
 Sage Publications.
- Catalano, R. F., & Hawkins, J. D. (1996). The social development model: A theory of antisocial behavior. In J. D. Hawkins (Ed.), *Delinquency and crime: Current theories* (pp. 149-197). New York: Cambridge University Press.
- Center for Mental Health Services. (n.d.). *School violence prevention*. Retrieved November 20, 2003, from http://www.mentalhealth.org/schoolviolence/health.asp
- Cohen, N. H. (2000). A step-by-step guide to starting an effective mentoring program.

 Amherst, MA: HRD Press.
- Covey, S. (1989). 7 habits of highly effective people. New York: Simon and Schuster.
- Farrell, J. D., & Weaver, R. G. (2000). The practical guide to facilitation: A self-study resource.

 Amherst, MA: HRD Press.
- Hawkins, J. D. (1999). Preventing crime and violence through *Communities That Care*. European Journal on Criminal Policy and Research, 7, 443-458.

- Hawkins, J. D., Arthur, M. W., & Catalano, R. F. (1995). Preventing substance abuse. In M. Tonry & D. Farrington (Eds.), Building a safer society: Strategic approaches to crime prevention, crime and justice: A review of research, Vol. 19 (pp. 343-427). Chicago: University of Chicago Press.
- Hawkins, J. D., Catalano, R. F. (1992).

 Communities That Care: *Action for drug abuse prevention*. San Francisco:

 Jossey-Bass.
- Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin*, 112(1), 64-105.
- Hawkins, J. D., Catalano, R. F., Morrison, D. M., O'Donnell, J., Abbott, R., & Day, L. E. (1992). The Seattle Social Development Project: Effects of the first four years on protective factors and problem behaviors. In J. McCord & R. E. Tremblay (Eds.), Preventing antisocial behavior: Interventions from birth through adolescence (pp. 139-161). New York: Guilford Press.
- Hawkins, J. D., Herrenkohl, T., Farrington, D. P., Brewer, D., Catalano, R. F., & Harachi, T. W. (1998). A review of predictors of youth violence. In R. Loeber & D. P. Farrington (Eds.), Serious and violent juvenile offenders: Risk factors and successful interventions (pp. 106-146). Thousand Oaks, CA: Sage Publications.

References

- Holder, H. D., & Blose, J. O. (1987). Impact of changes in distilled spirits availability on apparent consumption: A time series analysis of liquor-by-the-drink. *British Journal of Addiction*, 82, 623-631.
- Kellam, S. G., & Rebok, G. W. (1992). Building developmental and etiological theory through epidemiologically based preventive intervention trials. In J. McCord & R. E. Tremblay (Eds.), Preventing antisocial behavior: Interventions from birth through adolescence (pp. 162-195). New York: Guilford Press.
- Home and Community-Based Services Resource Network. (2003, August 28). *Making accessibility real: A guide for planning meetings, conferences and gatherings.* Retrieved November 20, 2003, from http://www.hcbs.org/ptools /HCBS Brochure.pdf
- Margolis, F., & Swan, B. (1999). The trainer's handbook for participative learning.

 Amherst, MA: HRD Press.
- Mina, E. (2002). The business meetings sourcebook:

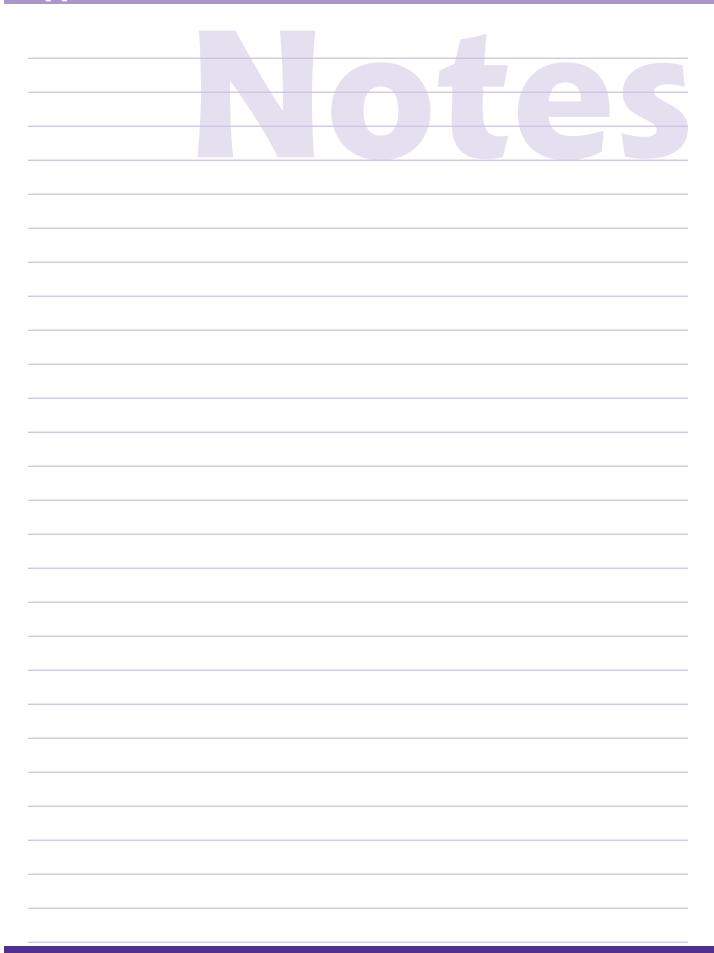
 A practical guide to better meetings
 and shared decision making.

 New York: AMACOM.
- Mina, E. (2000). *The complete handbook of business meetings*. New York: AMACOM.
- Office of Juvenile Justice and Delinquency
 Prevention (1997). 1997 Report to
 Congress: Title V Incentive Grants for Local
 Delinquency Prevention Programs.
 Washington, DC: Author.

- The Office of the Surgeon General. (2001). The Surgeon General's call to action to prevent and decrease overweight and obesity.

 Retrieved November 20, 2003, from http://www.surgeongeneral.gov/topics/obesity/calltoaction/CalltoAction.pdf
- Rebori, M. (2003, June 23). *How to organize and run an effective meeting*. Retrieved September 12, 2003, from the University of Nevada Cooperative Extension Web site: http://www.unce.unr.edu/publications/FS97/FS9729.htm
- Saffer, H., & Grossman, M. (1987). Beer taxes, the legal drinking age, and youth motor vehicle fatalities. *Journal of Legal Studies*, 16, 351-374.
- Sampson, R. J. (1986). Crime in cities: The effects of formal and informal social control. In A. J. Reiss & M. Tonry (Eds.), *Crime and justice: An annual review of research, Vol. 8.*Communities and crime (pp. 271-311).

 Chicago: University of Chicago Press.
- Shedler, J., & Block, J. (1990). Adolescent drug use and psychological health: A longitudinal inquiry. *American Psychologist*, 45(5), 612-630.



Appendix 2:

Communities That Care Milestones and Benchmarks Checklist

Phase One: Getting Started

	Milestones	Benchmarks
	Organize the community to begin	 Designate a single point of contact to act as a catalyst for the process.
	the Communities That Care process.	☐ Identify a Champion (a community leader) to guide the process.
	232	 Inventory existing community services addressing youth and family issues.
		☐ Identify a lead agency committed to supporting the project.
		☐ Secure a Coordinator (to work at least half time).
		☐ Form a core work group to activate the process.
		☐ Develop a roster of Key Leaders to involve in the process.
		□ Prepare an initial work plan and time line for getting started.
		☐ Identify and secure the resources needed to get started.
	Define the scope of the prevention effort.	 □ Define key aspects: □ Define the community to be organized.
		☐ Identify the health and behavior issues to be addressed.
		☐ Agree on what is involved in the "prevention" response.
		☐ Identify legislative/funding supports or constraints.
		☐ Agree on the Community Board's role.
		☐ Begin to define how the Community Board will operate in the commun
		☐ Summarize issues related to the key aspects.
		 Develop an action plan to address outstanding issues related to the key aspects.

Milestones	Benchmarks
Identify community readiness issues.	 Investigate community readiness issues. Ensure agreement on issues to be addressed. Ensure that community members have a common definition of "prevention." Ensure that the community values collaboration. Ensure that community-wide support exists for a risk-and protection-focused, data-driven, research-based, outcome-focused prevention approach. Obtain school district support for the Communities That Care Youth Survey. Administer the survey as early as possible. Plan for coordination among existing initiatives and planning efforts. Identify community stakeholders. Identify other community readiness issues.
Analyze and address community readiness issues, or develop a plan for addressing them.	 Analyze outstanding community readiness issues. Address "show-stopper" issues (critical to moving forward). Develop an action plan for addressing outstanding community readiness issues.
The community is ready to move to Phase Two: Organizing, Introducing, Involving.	 Develop a work plan for moving to Phase Two: Organizing, Introducing, Involving. Identify and secure the resources needed for Phase Two.

Phase Two: Organizing, Introducing, Involving

	Milestones	Benchmarks
	Engage Key Leaders (positional and informal).	Hold the Key Leader Orientation.
	(poolional and imorrial).	Obtain formal Key Leader commitment.
		Identify the role of Key Leaders.
		Identify a Key Leader Board (a core group of Key Leaders).
		Develop a plan for communication between the Community Board and Key Leaders.
		Solicit Key Leader input on potential Community Board members.
		Obtain necessary memoranda of agreement or joint-operating agreements from relevant stakeholder groups.
Develop a Community Board to facilitate	Identify and recruit a diverse, representational group of potential Community Board members.	
	assessment, prioritization, selection,	Hold the Community Board Orientation.
implementation and evaluation of tested,	Ensure that Community Board members understand their roles and responsibilities.	
	effective programs, policies and practices.	Establish an organizational structure (including leadership roles and committee and/or work-group structures).
		Define the Community Board's relationship with other coalitions and collaboratives.
	Develop a formal method of communication among the Coordinator, Community Board members and the Key Leader Board.	
		Ensure the development and approval of an initial work plan and time line for implementation by stakeholders.
		Develop a documentation mechanism for the <i>Communities That Care</i> process.

	Milestones	Benchmarks
the commun	Educate and involve the community in the Communities That	Develop a vision statement with input from Key Leaders, the Community Board and community members. Share the statement with community members.
	Care process.	Inform community members of the Communities That Care process.
		Develop mechanisms for involving community members.
		Create a plan for involving youth.
		Ensure that the Community Board has developed a process for ongoing communication with the community.
		Develop an orientation mechanism for new Key Leaders and Community Board members.
The community is ready to move to Phase Three:	Create an initial work plan and time line for Phase Three: Developing a Community Profile.	
	Developing a Community Profile.	Identify and secure the resources needed for Phase Three.

Phase Three: Developing a Community Profile

	Milestones	Benchmarks
	The Community Board has the capacity to conduct a community assessment and prioritization.	Create a Risk- and Protective-Factor Assessment work group to conduct data collection and analysis.
		Hold the Community Assessment Training.
		Ensure that the work group has the appropriate skills and expertise.
		Develop a work plan and time line for data collection and analysis.
		Identify and secure the resources needed for the assessment process.
assessme informatio prepare it	Collect community assessment information and prepare it for prioritization.	Ensure that the Communities That Care Youth Survey has been conducted. Collect archival data as needed to supplement the Communities That Care Youth Survey.
		 Prepare the Communities That Care Youth Survey and archival data for prioritization.
	Prioritize populations or geographic areas for preventive action, based on risk- and	Identify populations with high levels of risk and low levels of protection.
		Identify geographic areas with high levels of risk and low levels of protection.
	protective-factor data.	

	Milestones	Benchmarks
	Identify priority risk and protective factors.	Decide who will be involved in the prioritization process. Identify priority risk and protective factors. Brief Key Leaders on the community assessment results. Prepare and distribute the Community Assessment Report.
	Conduct a resources assessment and gaps analysis.	Create a Resources Assessment and Evaluation work group to conduct the resources assessment and gaps analysis. Involve service providers and other youth service agencies in the resources assessment.
		Hold the Community Resources Assessment Training.
		Identify and assess existing policies, programs and practices that address the priority risk and protective factors.
		Identify gaps in services.
		Brief Key Leaders on the resources assessment and gaps analysis results.
		Prepare and distribute the Resources Assessment Report.
	The community is ready to move	Develop an initial work plan and time line for Phase Four: Creating a Community Action Plan.
	to Phase Four: Creating a Community Action Plan.	Identify and secure the resources needed for Phase Four.

Phase Four: Creating a Community Action Plan

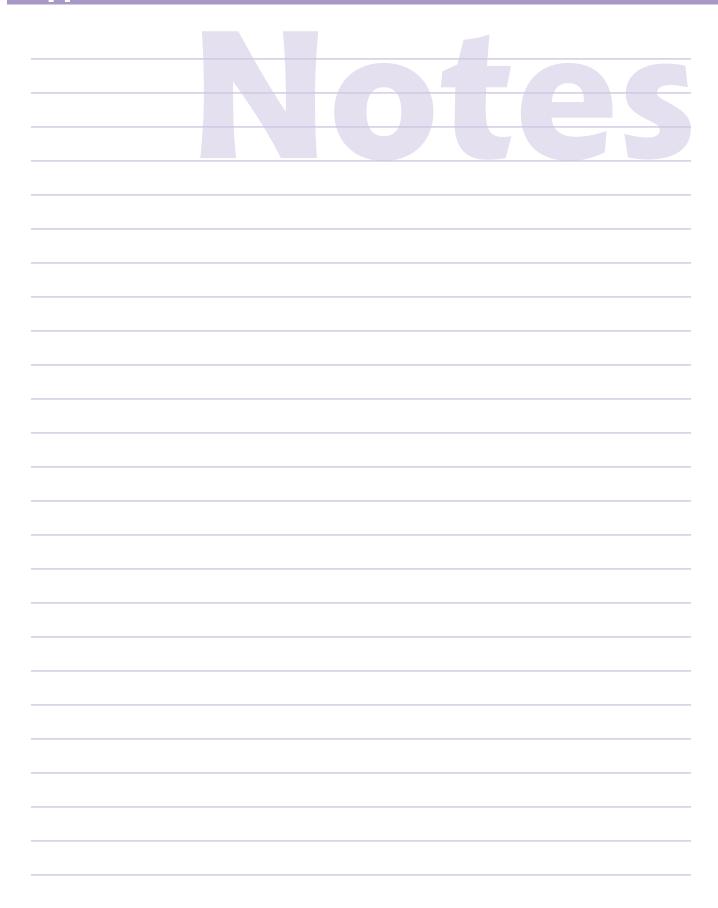
Milestones	Benchmarks
The Community Board has the capacity to create a focused Community Action Plan.	Hold the Community Planning Training. Ensure that the Community Board has the necessary skills and expertise to support plan development. Engage all stakeholders whose support is required to implement the plan. Create appropriate work groups to support plan development. Develop a work plan and time line for plan creation. Identify and secure the resources needed for plan development.
Specify the desired outcomes of the plan, based on the community assessment data.	Specify desired outcomes (long-term goals) for youth development. Specify desired outcomes for risk and protective factors.
Select tested, effective programs, policies and practices to address priority risk and protective factors and fill gaps.	Specify the population or geographic area to be addressed. Investigate tested, effective programs, policies and practices for each priority risk and protective factor. Involve Key Leaders, Community Board members, service providers, youth and community members in selecting tested, effective programs, policies or practices. Select tested, effective programs, policies or practices for each priority risk and protective factor. Engage organizations, agencies or groups to be involved in implementing each new program, policy or practice; obtain their commitment to implementation. Identify desired participant and implementation outcomes for each program, policy or practice.

Milestones	Benchmarks
Develop implementation plans for each program, policy or practice selected.	Develop preliminary tasks, a time line and a budget for each new program, policy or practice.
	Identify training and/or technical assistance needed for each new program, policy or practice.
practice selected.	Identify the resources needed to implement each new program, policy or practice.
	Identify potential funding sources and allocation strategies for each program, policy or practice.
	Involve youth in implementation planning as appropriate.
Develop an evaluation plan.	Develop a work plan and time line for the collection of problem-behavior, risk-factor and protective-factor data from participants every year, to measure progress toward the desired outcomes. Consider using the <i>Communities That Care Youth Survey</i> to measure progress.
	Develop a work plan and time line for the collection of participant and implementation outcome data for each new program, policy or practice.
Develop a written Community Action Plan.	Ensure that Key Leaders, Community Board members and community members endorse the plan. Distribute the plan throughout the community.
	Distribute the plan throughout the community.
The community is ready to move to Phase Five: Implementing and Evaluating the Community Action Plan.	Develop an initial work plan and time line for Phase Five: Implementing and Evaluating the Community Action Plan. Identify and secure the resources needed for Phase Five.

Phase Five: Implementing and Evaluating the Community Action Plan

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	Milestones	Benchmarks
	Specify the role of the Key Leader Board, Community Board and	Clarify plan-implementation roles and responsibilities for individual Key Leaders, Community Board members and service providers.
	stakeholder groups in implementing and evaluating the plan.	Develop collaborative agreements with implementing organizations and providers.
	evaluating the plan.	Hold the Community Plan Implementation Training.
		Ensure that the Community Board has the necessary skills and expertise to support plan implementation and evaluation.
		Develop appropriate committees or work groups to support plan implementation and evaluation.
		Engage and orient new Key Leaders, Community Board members and stakeholders to the <i>Communities That Care</i> process.
		Establish partnerships with outside evaluators as needed.
	Implementers of new programs, policies or practices have the necessary skills, expertise and resources to implement with fidelity.	Ensure that implementers have received the necessary training and technical assistance. Ensure that funding has been acquired to support the implementation of each new program, policy or practice.
Implement new programs, policies and practices with fidelity.	Ensure that implementers have the necessary skills and tools to measure implementation fidelity. Ensure that the program, policy or practice reaches the targeted population.	
		Ensure that the program, policy or practice includes sufficient timing, intensity and duration to achieve the desired results.
		Ensure that the program, policy or practice achieves the desired participant and implementation outcomes.

Milestones		Benchmarks
Conduct program- level evaluations at least annually.		Measure participant and implementation outcomes. Collect baseline, mid- and post-project evaluation data. Refine programs, policies and practices based on the data.
Conduct community- level assessments at least every two years.		Ensure that the Key Leader Board and Community Board review the plan every year. Ensure that the assessment of risk factors, protective factors and problem behaviors is reviewed at least every two years. Readministration of the <i>Communities That Care Youth Survey</i> , for example, can assist this review.
Share and celebrate observed improvements in risk and protective factors and child and adolescent well-being.	- 	Share community and program-level evaluation results with the Community Board, the Key Leader Board and community members at least annually. Share community-level evaluation results after readministration of the Communities That Care Youth Survey.



Appendix 3:

Risk Factors

Risk Factors: Community Domain

Availability of drugs (substance abuse, violence)

The more available alcohol and other drugs are in a community, the higher the risk for alcohol and other drug use and violence. Perceived availability of drugs is also associated with increased risk. In schools where children think that drugs are more available, a higher rate of drug use occurs (Johnston, O'Malley & Bachman, 1985).

Availability of firearms (delinquency, violence)

Firearm availability and firearm homicide have increased since the late 1950s. If there is a gun in the home, it is much more likely to be used against a relative or friend than against an intruder or stranger. Also, when a firearm is used in a crime or assault, the outcome is much more likely to be fatal than if another weapon or no weapon is used.

While a few studies report no association between firearm availability and violence, more studies do show a relationship. Given the lethality of firearms, the greater likelihood of conflict escalating into homicide when guns are present, and the strong association between availability of guns and homicide rates, firearm availability is included as a risk factor (Reiss & Roth, 1993).

Community laws and norms favorable toward drug use, firearms and crime (substance abuse, delinquency, violence)

The attitudes and policies a community holds in relation to drug use, firearms and crime are communicated in a variety of ways: through laws and written policies, through informal social practices, and through the expectations parents and other members of the community have of young people. When laws, tax rates and community standards are favorable toward alcohol and other drug use, firearms or crime—or even when they are just unclear—young people are at higher risk (Sampson, 1986; Holder & Blose, 1987; Brook et al., 1990).

One example of a community law affecting drug use is alcohol taxation, where higher tax rates decrease the rate of alcohol use (Saffer & Grossman, 1987; Hawkins, Arthur & Catalano, 1995).

An example of conflicting messages about alcohol and other drug use can be found in community acceptance of alcohol use as a social activity. The beer gardens popular at street fairs and community festivals frequented by young people are in contrast to the "say no" messages that schools and parents may be promoting. This makes it difficult for children to decide which norms to follow.

Laws regulating the sale of firearms have had small effects on violent crime, and the effects usually diminish after the law has been in effect for multiple years. A number of studies suggest that the small and diminishing effect is due to two factors—the availability of firearms from other jurisdictions without legal prohibitions on sales or access, and lack of proactive monitoring or enforcement of the laws (Reiss & Roth, 1993).

Risk Factors: Community Domain

Media portrayals of violence (violence)

The effect of media violence on viewers' behavior (especially young viewers) has been debated for decades. Research has shown a clear correlation between media portrayal of violence and the development of aggressive and violent behavior. Exposure to media violence appears to affect children in several ways: children learn violent behaviors from watching actors act violently; they learn violent problem-solving strategies; and media portrayals of violence appear to alter children's attitudes and sensitivity to violence (Eron & Huesmann, 1987; Huesmann & Miller, 1994).

Transitions and mobility (substance abuse, delinquency, school drop-out)

Even normal school transitions can predict increases in problem behaviors. When children move from elementary school to middle school, or from middle school to high school, significant increases in drug use, dropping out of school and antisocial behavior may occur (Hawkins & Catalano, 1996).

Communities with high rates of mobility appear to be linked to an increased risk of drug and crime problems. The more people in a community who move, the greater the risk of criminal behavior and drug-related problems in families in these communities (Sampson, 1986; Sampson & Lauritsen, 1994).

Low neighborhood attachment and community disorganization (substance abuse, delinquency, violence)

Higher rates of drug problems, delinquency, violence and drug trafficking occur where people have little attachment to the community. Vandalism rates are high when there is low surveillance of public places. These conditions are not limited to low-income neighborhoods—they can also be found in more well-to-do neighborhoods.

Perhaps the most significant issue affecting community attachment is whether residents feel they can make a difference in their communities. If the key players (such as merchants, teachers, police, and human and social services personnel) live outside the community, residents' sense of commitment will be lower. Lower rates of voter turnout and parent involvement in school also reflect attitudes about community attachment. Neighborhood disorganization makes it more difficult for schools, churches and families to promote positive social values and norms (Sampson, 1986, 1997; Sampson & Lauritsen, 1994; Herting & Guest, 1985; Gottfredson, 2001).

Extreme economic deprivation (substance abuse, delinquency, teen pregnancy, school drop-out, violence)

Children who live in deteriorating neighborhoods characterized by extreme poverty, poor living conditions and high unemployment are more likely to develop problems with alcohol and other drug use, delinquency, teen pregnancy and dropping out of school. They are also more likely to engage in violence toward others during adolescence and adulthood. Further, children who live in these areas **and** have behavior or adjustment problems early in life are even more likely to develop problems with drugs (Sampson, 1986; Sampson & Lauritsen, 1994; Farrington, 1989; Robins & Ratcliff, 1979; Elliot et al., 1989).

Risk Factors: Family Domain

Family history of the problem behavior (substance abuse, delinquency, teen pregnancy, school drop-out, violence)

In a family with a history of addiction to alcohol or other drugs, children are at increased risk of developing alcohol or other drug problems themselves (Cloninger et al., 1985; Johnson et al., 1984; Brook et al., 1990). In families with a history of criminal behavior, children's risk for delinquency increases (Farrington, 1989). Similarly, children of teenage mothers are more likely to be teen parents, and children of dropouts are more likely to drop out of school themselves.

Family management problems (substance abuse, delinquency, teen pregnancy, school drop-out, violence)

Poor family management practices include a lack of clear expectations for behavior; failure of parents to supervise and monitor their children (knowing where they are and whom they're with); and excessively severe, harsh or inconsistent punishment. Children exposed to these poor family management practices are at higher risk of developing all five problem behaviors (Kandel & Andrews, 1987; Brook et al., 1990; Farrington, 1989; Sampson, 1986; Hawkins, Arthur & Catalano, 1995).

Family conflict (substance abuse, delinquency, teen pregnancy, school drop-out, violence)

Persistent, serious conflict between primary caregivers or between caregivers and children appears to increase children's risk for all five problem behaviors. Conflict between family members appears to be more important than family structure (e.g., whether the family is headed by two biological parents, a single parent or another primary caregiver) (Brook et al., 1990; Sampson, 1986).

Favorable parental attitudes and involvement in the problem behavior (substance abuse, delinquency, violence)

Parents' attitudes and behavior toward drugs, crime and violence influence the attitudes and behavior of their children. Children whose parents approve of or excuse them for breaking the law are more likely to become involved with juvenile delinquency. Children whose parents engage in violent behavior inside or outside the home are at greater risk for violent behavior.

If parents use illegal drugs, are heavy users of alcohol or tolerate children's use, children are more likely to become drug users in adolescence. The risk is further increased if parents involve children in their own drugor alcohol-using behavior—for example, asking the child to light the parent's cigarette or get the parent a beer from the refrigerator. Parental approval of children's moderate drinking, even under supervision, increases the risk that the children will use marijuana and develop problems with alcohol or other drugs (Barnes & Welte, 1986; Brook et al., 1986; Johnson, Schontz & Locke, 1984; Kandel & Andrews, 1987).

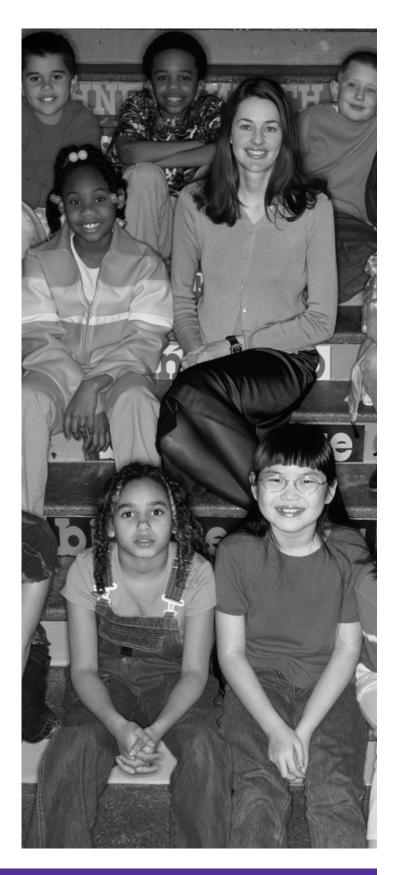
Risk Factors: School Domain

Academic failure beginning in late elementary school (substance abuse, delinquency, teen pregnancy, school drop-out, violence)

Beginning in the late elementary grades, academic failure increases the risk of all five problem behaviors. It appears that the *experience* of failure, not any lack of ability, increases the risk of these problem behaviors (Najaka, Gottfredson & Wilson, 2001; Maguin & Loeber, 1996; Farrington, 1989; Gottfredson, 2001).

Lack of commitment to school (substance abuse, delinquency, teen pregnancy, school drop-out, violence)

Lack of commitment to school means the child no longer sees the role of student as meaningful and rewarding. Young people who have lost this commitment to school are at higher risk for all five problem behaviors (Najaka et al., 2001; Gottfredson, 2001; Jessor & Jessor, 1977).



Risk Factors: Peer and Individual Domain

Early and persistent antisocial behavior (substance abuse, delinquency, teen pregnancy, school drop-out, violence)

Boys who are aggressive in grades K-3 or who have trouble controlling impulses are at higher risk for alcohol and other drug use, delinquency and violent behavior. When a boy's aggressive behavior in the early grades is combined with isolation, withdrawal, hyperactivity or attention deficit disorder, there is an even greater risk of problems in adolescence.

This risk factor also includes persistent antisocial behavior in early adolescence, such as misbehaving in school, skipping school and getting into fights with other children. Both girls and boys who engage in these behaviors in early adolescence are at increased risk for all five problem behaviors (Farrington, 1989; Moffitt, 1993; Hawkins et al., 1998; Lipsey & Derzon, 1998; Loeber & Stouthamer-Loeber, 1998; Robins, 1978; Gottfredson, 2001).

Rebelliousness (substance abuse, delinquency, school drop-out)

Young people who do not feel that they are part of society or bound by rules, who don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society are at higher risk for drug use, delinquency and dropping out of school (Jessor & Jessor, 1977; Kandel, 1982; Bachman et al., 1981; Shedler & Block, 1990; Robins, 1980).

Friends who engage in the problem behavior (substance abuse, delinquency, teen pregnancy, school drop-out, violence)

This is one of the most consistent predictors that research has identified. Even when young people come from well-managed families and do not experience other risk factors, spending time with friends who engage in problem behaviors greatly increases their risk of developing those behaviors (Newcomb & Bentler, 1986; Brook et al., 1990; Kandel & Andrews, 1987; Hansen et al., 1987).

Gang involvement (substance abuse, delinquency, violence)

Research has shown that children who have delinquent friends are more likely to use alcohol and other drugs and to engage in violent or delinquent behavior than children who do not have delinquent friends. But the influence of gang involvement on alcohol and other drug use, delinquency and violence exceeds the influence of delinquent friends on these problem behaviors. Gang members are even more likely than children who have delinquent friends to use alcohol or other drugs and to engage in delinquent or violent behavior (Thornberry, 1999; Battin-Pearson, Thornberry, Hawkins & Krohn, 1998; Battin, Hill, Abbot, Catalano & Hawkins, 1998).

Favorable attitudes toward the problem behavior (substance abuse, delinquency, teen pregnancy, school drop-out)

During the elementary years, children usually express anti-drug, anti-crime and prosocial views; they have trouble imagining why people use drugs, commit crimes and drop out of school. In middle school, as others they know participate in such activities, their attitudes often shift toward greater acceptance, placing them at higher risk (Kandel et al., 1978; Krosnick & Judd, 1982; Gottfredson, 2001).

Early initiation of the problem behavior (substance abuse, delinquency, teen pregnancy, school drop-out, violence)

The earlier that young people use drugs, commit crimes, first drop out of school or become sexually active, the greater their chances of having chronic problems with the respective behavior. Aggressive behavior at ages 4-8 predicts later violent behavior (Nagin & Tremblay, 1999), and truancy in the elementary grades predicts school drop-out. For example, research shows that young people who start drug use before age 15 have twice the risk of drug problems than those who start after age 19 (Robins, 1978; Rachal et al., 1982; Kandel, 1982; Gottfredson, 2001).

Constitutional factors (substance abuse, delinquency, violence)

Constitutional factors may have a biological or physiological basis. These factors include sensation-seeking, low harm-avoidance and lack of impulse control, and appear to increase the risk of drug use, delinquency and/or violent behavior (Lerner & Vicary, 1984; Shedler & Block, 1990; Farrington, 1989; Gottfredson, 2001).

Appendix 4:

Archival Data

Indicator	Possible Local Source(s)*	National Source(s)**		
Availability of Drugs	Availability of Drugs			
Alcohol sales outlets	Liquor control board State tax collector Other:	Statistical Abstract of the United States (U.S. Census Bureau)		
Tobacco sales outlets	State alcohol and tobacco control board State or local tax collector Other:	Statistical Abstract of the United States (U.S. Census Bureau)		
Transitions and Mobility				
Net migration rate	State and Metropolitan Area Data Book USA Counties™ Other:	Statistical Abstract of the United States (U.S. Census Bureau)		
New home construction	Local homebuilders' association Chamber of Commerce City or county planner's office Other:	Statistical Abstract of the United States (U.S. Census Bureau)		
Rental residential properties	Real estate offices or board Other:	Statistical Abstract of the United States (U.S. Census Bureau)		

^{*}Also see the online sources for state- and county-level data.

^{**}Some national sources, such as data from the U.S. Census, may also have state or local data available.



Indicator	Possible Local Source(s)	National Source(s)	
Low Neighborhood Attachment and Community Disorganization			
Population voting in presidential elections	County elections office Other:	Statistical Abstract of the United States (U.S. Census Bureau)	
Population voting in congressional elections	County elections office Other:	Statistical Abstract of the United States (U.S. Census Bureau)	
Prisoners in state and federal correctional facilities	State criminal justice agencies State and Metropolitan Area Data Book Other:	Sourcebook of Criminal Justice Statistics	
Extreme Economic Deprivat	ion		
Temporary Assistance to Needy Families (TANF)	State or local welfare agencies Other:	Statistical Abstract of the United States (U.S. Census Bureau)	
Unemployment	State and Metropolitan Area Data Book Other:	Statistical Abstract of the United States (U.S. Census Bureau)	
Free and reduced lunch programs	State and Metropolitan Area Data Book Local school districts Other:	U.S. Department of Agriculture	
Food stamp recipients	State and Metropolitan Area Data Book State welfare agencies Other:	Statistical Abstract of the United States (U.S. Census Bureau)	
Adults without high school diplomas	State and Metropolitan Area Data Book Other:	Statistical Abstract of the United States (U.S. Census Bureau)	
Single-parent family households	USA Counties™ Other:	Statistical Abstract of the United States (U.S. Census Bureau)	

Indicator	Possible Local Source(s)	National Source(s)	
Family History of the Problem Behavior			
Adults in alcohol or other treatment programs	State alcohol and other drug treatment agencies Local treatment providers Other:	Substance Abuse & Mental Health Services Administration (SAMHSA)	
Family Management Proble	ms		
Children living outside the family	State or local social services agencies Other:	U.S. Census Bureau (Families and Living Arrangements)	
Children living in foster care	State or local social services agencies Other:	U.S. Department of Health and Human Services (Children's Bureau)	
Family Conflict			
Divorce	USA Counties™ Other:	Statistical Abstract of the United States (U.S. Census Bureau)	
Domestic violence arrests	State or local law enforcement agencies Other:	Sourcebook of Criminal Justice Statistics	
Favorable Parental Attitudes and Involvement in the Problem Behavior			
Babies born affected by alcohol or other drugs	State or county health departments Other:	National Center for Health Statistics (Centers for Disease Control)	

Indicator	Possible Local Source(s)	National Source(s)	
Lack of Commitment to School			
Event drop-outs (Students who dropped out in a single year)	School districts State educational agencies Other:	Statistical Abstract of the United States (U.S. Census Bureau)	
Status drop-outs (People ages 16-24 who have not completed high school and are not enrolled)	School district Other:	Statistical Abstract of the United States (U.S. Census Bureau)	
Early Initiation of the Problem Behavior			
Drop-outs prior to ninth grade	Local school district Other:	Digest of Educational Statistics (National Center for Educational Statistics)	
Alcohol or other drug arrests, ages 10-14	State or local law enforcement agencies Other:	Sourcebook of Criminal Justice Statistics	
Vandalism arrests, ages 10-14	State or local law enforcement agencies Other:	Sourcebook of Criminal Justice Statistics	
Personal and property crime arrests, ages 10-14	State or local law enforcement agencies Other:	Sourcebook of Criminal Justice Statistics	

Indicator	Possible Local Source(s)	National Source(s)		
Substance Use	Substance Use			
Alcohol-related traffic fatalities	State or local law enforcement agencies State and Metropolitan Area Data Book Other:	Sourcebook of Criminal Justice Statistics		
Arrests for driving under the influence	State or local law enforcement agencies Other:	Sourcebook of Criminal Justice Statistics		
Juvenile alcohol-related arrests	State or local law enforcement agencies Other:	Sourcebook of Criminal Justice Statistics		
Adult alcohol-related arrests	State or local law enforcement agencies Other:	Sourcebook of Criminal Justice Statistics		
Adult drug-related arrests	State or local law enforcement agencies Other:	Sourcebook of Criminal Justice Statistics		
Substance use during pregnancy	County health dept. Other:	National Center for Health Statistics (Centers for Disease Control)		
Juvenile drug-related arrests	State or local law enforcement agencies Other:	Sourcebook of Criminal Justice Statistics		

Archival Data Indicators and Sources (Problem Behaviors)

Indicator	Possible Local Source(s)	National Source(s)	
Violence			
Juvenile arrests for violent crimes	State or local law enforcement agencies Other:	Sourcebook of Criminal Justice Statistics	
Adult arrests for violent crimes	State or local law enforcement agencies Other:	Sourcebook of Criminal Justice Statistics	
Homicides	State or local law enforcement agencies Other:	Sourcebook of Criminal Justice Statistics	
Teen Pregnancy			
Birthrate among juveniles	County and state health depts. Other:	National Center for Health Statistics (Centers for Disease Control)	
Adolescent pregnancies (ages 10 to 17)	County and state health depts. Other:	Statistical Abstract of the United States (U.S. Census Bureau)	
		National Center for Health Statistics (Centers for Disease Control)	
School Drop-Out			
Event drop-outs Status drop-outs	(See sources under "lack of commitment to school")		
Delinquency			
Juvenile arrests for curfew violation, vandalism and disorderly conduct	State or local law enforcement agencies Other:	Sourcebook of Criminal Justice Statistics	
Juvenile arrests for property crimes	State or local law enforcement agencies Other:	Sourcebook of Criminal Justice Statistics	
Adult arrests for property crimes	State or local law enforcement agencies Other:	Sourcebook of Criminal Justice Statistics	

Key online sources for national data*

Digest of Educational Statistics

National Center for Educational Statistics http://nces.ed.gov/edstats/

Chapter 2: Elementary and Secondary Education

- Status drop-outs
- Drop-outs prior to 9th grade

Notes: To access, click on the link for the current year's digest. To access links to all tables, open any chapter and click on "Tables" on the navigation bar at the bottom. Table numbers vary year to year.

National Center for Health Statistics

Centers for Disease Control www.cdc.gov/nchs/

Click on "Births: Final Data" for current year

- Babies affected by alcohol and tobacco use during pregnancy** (Maternal lifestyle/Infant health characteristics)
- Substance use during pregnancy**
 (Maternal lifestyle)
- Birthrate among juveniles (Demographics)
- Adolescent pregnancies (Demographics)
- **Includes data on tobacco use during pregnancy, low birth weight among smokers, and the occurrence of fetal alcohol syndrome.

Sourcebook of Criminal Justice Statistics

www.albany.edu/sourcebook/ Section 3: Nature and distribution of known offenses

- Alcohol-related traffic fatalities
- Domestic violence arrests ("Intimate Partner Violence")

Section 4: Characteristics and distribution of persons arrested

- Alcohol and other drug arrests, by age
- Vandalism arrests, by age
- Personal & property crime arrests, by age
- Arrests for driving under the influence (DUI)
- Arrests for violent crimes, by age
- Homicides
- Juvenile arrests for curfew violations

Section 6: Persons under Correctional Supervision

Prisoners in correctional facilities

Statistical Abstract of the United States

U.S. Census Bureau www.census.gov/statab/www

Section 1 (Population)

- Net migration rate
- Single-parent families

Section 2 (Vital Statistics)

- Adolescent pregnancies
- Divorce

Section 4 (Education)

- Adults without high school diploma
- Event drop-outs
- Status drop-outs

Section 5 (Law Enforcement, Courts and Prisons)

Prisoners in correctional facilities

Section 7 (Elections)

Voting in elections

Section 11 (Social Insurance and Human Services)

- Temporary Assistance to Needy Families (TANF)
- Food stamp recipients

Section 13 (Labor Force, Employment and Earnings)

Unemployment

Section 20 (Construction and Housing)

- Rental residential properties
- New home construction

Section 22 (Domestic Trade and Services)

- Alcohol sales outlets
- Tobacco sales outlets

^{*}Many of these sources also provide state-level data for the indicators listed.

Key online sources for national data

Substance Abuse and Mental Health Services Administration

www.samhsa.gov/oas/dasis.htm

Treatment Episode Data Set (TEDS):

· Adults in treatment programs

U.S. Census Bureau

Families and Living Arrangements www.census.gov/population/www/socdemo/hh-fam.html

Children living outside the family

U.S. Department of Agriculture

Food and Nutrition Service www.fns.usda.gov/pd/cnpmain.htm

• Free and Reduced School Lunch Program

U.S. Department of Health and Human Services

Children's Bureau Adoption and Foster Care Analysis and Reporting System www.acf.dhhs.gov/programs/cb/dis/afcars/

Child Welfare Statistics:

• Children living in foster care

Key online sources for state and county-level data

Guide to Statistical Abstracts

U.S. Census Bureau www.census.gov/statab/www/stateabs.html

Provides links to state data sources.

Kids Count™

A project of the Annie E. Casey Foundation www.aecf.org/kidscount

Contains national and state-level data on a range of indicators related to the status of children.

State and Metropolitan Area Data Book

U.S. Census Bureau www.census.gov/statab/www/smadb.html

Includes data on a range of social and economic indicators by state and select metropolitan areas.

USA Counties™

U.S. Census Bureau http://www.census.gov/statab/www/county.html

Select the state, then the county and table from the pull-down menus.

